

REQUEST FOR RECORDS DISPOSITION AUTHORITY <i>(See Instructions on reverse)</i>		LEAVE BLANK (NARA use only)	
TO: NATIONAL ARCHIVES and RECORDS ADMINISTRATION (NIR) WASHINGTON, DC 20408		JOB NUMBER	
1. FROM (Agency or establishment)		DATE RECEIVED	
2. MAJOR SUBDIVISION		NOTIFICATION TO AGENCY <small>In accordance with the provisions of 44 U.S.C. 3303a the disposition request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10.</small>	
3. MINOR SUBDIVISION		DATE	
4. NAME OF PERSON WITH WHOM TO CONFER	5. TELEPHONE	ARCHIVIST OF THE UNITED STATES	
6. AGENCY CERTIFICATION I hereby certify that I am authorized to act for this agency in matters pertaining to the disposition of its records and that the records proposed for disposal on the attached _____ page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified; and that written concurrence from the General Accounting Office, under the provisions of Title 8 of the GAO Manual for Guidance of Federal Agencies, <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> is not required; <input type="checkbox"/> is attached; or <input type="checkbox"/> has been requested. </div>			
DATE	SIGNATURE OF AGENCY REPRESENTATIVE	TITLE	

7. ITEM NO.	8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION	9. GRS OR SUPERSEDED JOB CITATION	10. ACTION TAKEN (NARA USE ONLY)

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